

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Larry M. Johnson, Esq., Paralegal

U. S. Application No. 10/530383

Publication Date 29 April 2004

Publication No. WO 2004 1034930 A3 PCT/RO/101

International Application No. PCT/DE03/003395 Language German

Priority Info: Country DE No. 102 44689.6 date 10/2002 / MORE turn over

Abstract: Correspondence checked: Inventor Name checked:

Copy in International Application: yes no Translation: yes no

Copy of ISR Copy of IPER _____

Total Claims: 18 Chargeable 18 Independent 2 multiple _____

371 Filing Fees: 515; meets Art. 33(2)-(3) Low fee applies:

Number of drawing Sheets: 1

Oath/Declaration: yes no signed unsigned defective completed 26 May 2005

large entity fee: Small entity fee: SME papers: yes no

Biochemical Seq. Diskette: yes no entered Biochemical Seq. Listing: yes no
statement yes no

Copy of ISR: with References , without References

Copy of IPER: yes no Annexes yes no entered not entered

Preliminary Amendment(s): yes no 2nd amendment date _____

IDS: yes no DATE: _____ 2nd yes no DATE _____

Request for Immediate Examination: yes no

Substitute Specification: yes no

Assignment: yes no forwarded to Assignment 09/09/2005

Priority Document(s): yes no Number of copies included _____

Power of Attorney: yes no

Date of 35 USC Receipt of Request: 06 April 2005 Notes: _____

Date Completion VSC 371 Requirements: 09 September 2005

Notice of Missing Requirements: _____

Notice of Defective Response: _____

Notice of Acceptance: 26 May 2005

Notice of Abandonment: _____

Other forms: _____

Article 19 Amendment: yes no replaced by Article 34 Amdt. _____

Extension of time: Number of months _____

Petition to Revive: _____ : Petition 1.47

Ap 13 of
Petition
filed
missing on
09/09/2005

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 50.
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT
OF REFUND

\$ 50.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 50-0427

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Rate change - 08 Dec 2004 -

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE: *Terry M. Johnson*

TITLE: *Supervisor*

PHONE: *703-308-9140*

OFFICE: *DO/ED*

Repln. Ref: 09/12/2005 PBD/NER 0814214700
DAH:500427 Name/Number:10530383

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B